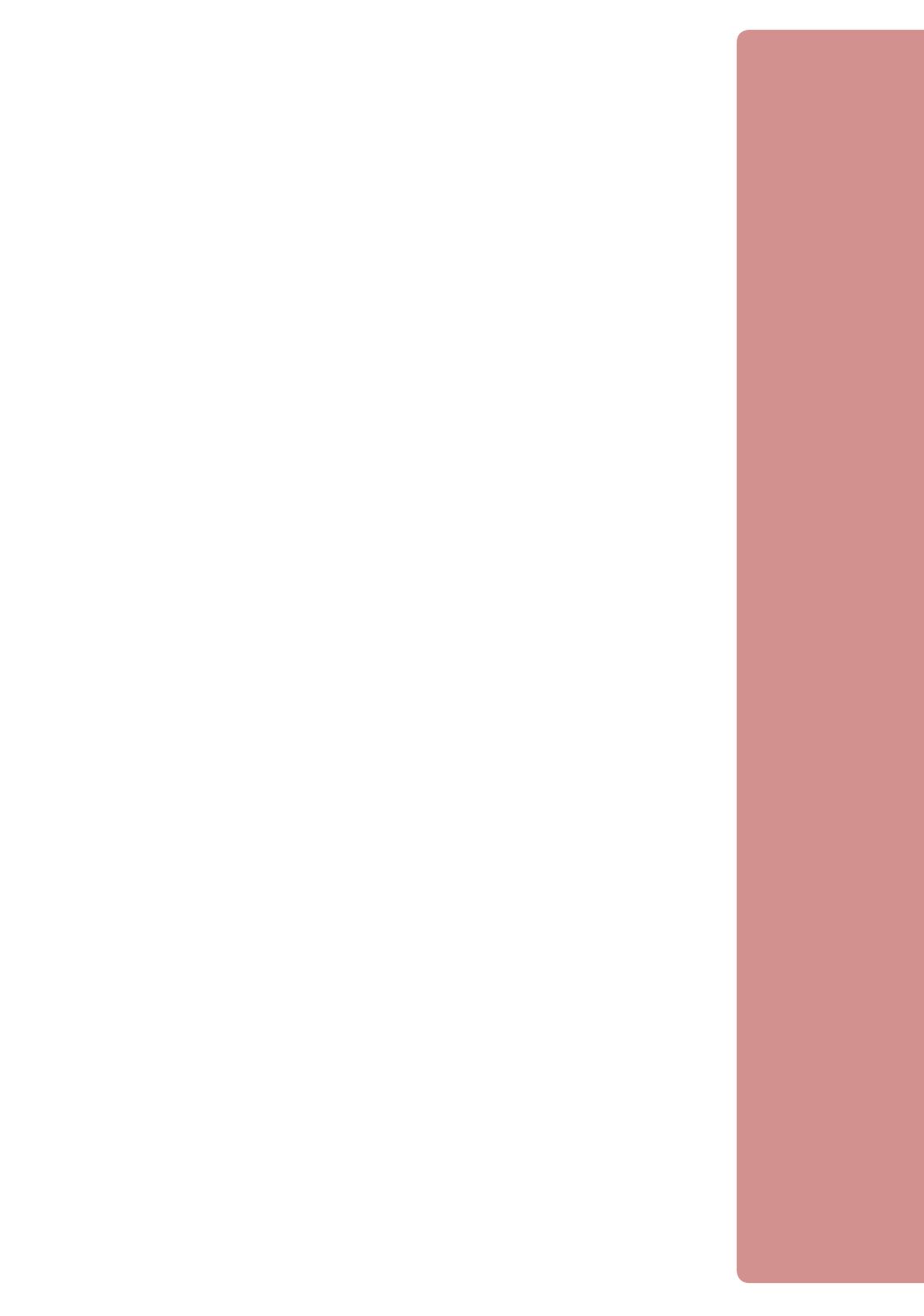


**Medical and dental students:**  
**Health clearance for**  
Hepatitis B  
Hepatitis C  
HIV and  
Tuberculosis

Guidance from the  
Medical Schools Council,  
the Dental Schools Council,  
Public Health England, Health  
Protection Scotland, the  
Association of UK University  
Hospitals, and Higher  
Education Occupational  
Practitioners



# CONTENTS

List of Acronyms	2
<b>Executive Summary</b>	3
Introduction	5
<b>MEDICAL STUDENTS</b>	6
Principles	9
Responsibilities	13
<b>DENTAL STUDENTS</b>	18
Principles	19
Responsibilities	23
Annex: TB	27
<i>Acknowledgements</i>	31

## LIST OF ACRONYMS

ANHONS	Association of NHS Occupational Health Nurses
ANHOPS	Association of National Health Occupational Physicians
BBV	Blood borne virus
cART	Combination antiretroviral therapy
CPA	Clinical Pathology Accreditation
DH	Department of Health
EPP	Exposure prone procedures
GMC	General Medical Council
GP	General Practitioner
HBV	Hepatitis B virus
HBeAg	Hepatitis B “e” antigen
HBsAg	Hepatitis B surface antigen
HCV RNA	Hepatitis C virus ribonucleic acid
HIV	Human immunodeficiency virus
IVS	Identified validated sample
UKAP-OHR	UK Advisory Panel - Occupational Health Register

## EXECUTIVE SUMMARY

This guidance is intended for medical schools, dental schools, occupational health services, medical students, dental students and health provider organisations, and relates to their individual and collective responsibilities to students and patients as they relate to testing healthcare workers for blood borne viruses (BBVs) and eligibility to perform exposure prone procedures (EPPs). This guidance is informed by the overriding principle of the duty of care to patients and of medical and dental schools to their students.

Students entering medical and dental school are taking the first step on the path to becoming registered healthcare professionals. This guidance for medical and dental students is aligned with the DH health clearance guidance (2007) which defines standard health clearance<sup>1</sup>, for all categories of new healthcare worker employed or starting training, and additional health clearance for new healthcare workers who will perform exposure prone procedures (EPPs). Guidance on health clearance for tuberculosis is reproduced in the annex to this document.

### *Medicine*

Blood borne virus (BBV) testing should be performed during the initial stages of medical training, prior to undertaking any EPPs. Freedom from infection with BBVs is not an absolute requirement for those wishing to train as doctors, however satisfying additional health clearance, which

<sup>1</sup> *Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers*. Department of Health, March 2007

includes determining their BBV status, is obligatory for those who wish to train in specialties that involve EPPs.

### *Dentistry*

All potential undergraduate dental students must undergo additional health clearance before acceptance onto the course. This guidance also applies to those entering courses in dental hygiene and therapy.

Additional health clearance stipulates that individuals must be non-infectious for HIV, hepatitis B and hepatitis C.

International students transferring to the UK will need to conform to the same testing arrangements as new entrants to medical and dental school. Students returning from overseas elective period projects in areas where BBVs are common may require retesting through an Occupational Health Department if they may have been inadvertently exposed in a high risk setting.

Students who are successfully treated for BBV infection and, for HIV and HBV are appropriately monitored, will normally become eligible to perform EPPs.

## INTRODUCTION

In March 2007, the Department of Health (DH) published guidance on health clearance for new healthcare workers for tuberculosis, hepatitis B, hepatitis C and HIV<sup>2</sup>. The guidance relating to HIV-infected healthcare workers was revised with effect from 1 April 2014<sup>3</sup>. Students entering medicine, dentistry and other areas of healthcare are amongst the groups to whom these areas of guidance apply. They have important implications for course admissions procedures.

The DH health clearance guidance defines *standard health clearance*<sup>2</sup>, which is recommended for all categories of new healthcare worker employed or starting training, and *additional health clearance* for new healthcare workers who will perform exposure prone procedures (EPPs). Guidance on health clearance for tuberculosis is reproduced in the annex to this document. Additional health clearance means being **non-infectious** for **HIV** (antibody negative or on effective combination antiretroviral therapy (cART) and having a plasma viral load <200 copies/ml, or being an elite controller), **hepatitis B** (surface antigen negative or, if positive, e-antigen negative with a viral load <200 IU/ml) and **hepatitis C** (antibody negative or, if positive, negative for hepatitis C RNA).

EPPs are defined by the DH as '*those invasive procedures where there is a risk that injury to the worker may result in*

2 *Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers*. Department of Health, March 2007

3 *The Management of HIV infected Healthcare Workers who perform exposure prone procedures: updated guidance*. Public Health England, January 2014

*the exposure of the patient's open tissues to the blood of the worker. These include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (e.g. spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands may not be completely visible at all times*<sup>4</sup>. The performance of EPPs is not a requirement for students completing a medical degree that is acceptable for gaining provisional medical registration. The same is not true for dental students, since all courses entail extensive clinical practice involving EPPs. The implementation of the DH guidance on health screening is, therefore, fundamentally different for dental students compared to medical students and for that reason there is a separate section dealing with dentistry (pp 18–26).

## MEDICAL STUDENTS

The proposed protocol is informed by the overriding principle of the duty of care to patients and of medical schools to their students<sup>5</sup>. The admission of students into medical school should be a transparent process comprising competitive selection that provides equality of opportunity to all applicants, including those infected with blood borne viruses (BBVs).

**The practical skills required of medical students to obtain provisional General Medical Council (GMC) registration<sup>5</sup> or of pre-registration foundation house officers (Foundation Year 1) to obtain full GMC registration<sup>6</sup> do not include EPPs.**

This opens the way for post-admission BBV testing of

4 *Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers*. Department of Health, March 2007

5 *Tomorrow's Doctors*. General Medical Council, 2009

6 *The Trainee Doctor*. General Medical Council, 2009

medical students as already recommended by the DH guidance for new entrants or re-entrants to the NHS in England<sup>7</sup>. For the purpose of this guidance, a new healthcare worker includes healthcare workers new to the NHS, healthcare workers moving to a post or training that involves EPPs for the first time and returning healthcare workers, depending on what activities they have engaged in while away from the UK health service<sup>7</sup>.

As students entering medical school are taking the first step on the path to becoming a registered medical practitioner, it is important to ensure that the protocols for the testing of medical students for BBVs, and the management of those testing positive, are aligned with the DH recommendations. In this way, vaccination and clearance status for EPPs should be transferred on a strictly confidential basis to the NHS Occupational Health Service after graduation, enabling a seamless transition into clinical practice without the automatic requirement for the repetition of tests for UK-trained graduates. International students transferring to the UK will need to conform to the same testing arrangements as new entrants to medical school, prior to undertaking EPPs.

Early clinical experience in the UK medical schools argues that BBV testing should be performed during the initial stages of medical training, before students have the opportunity to undertake EPPs. This is not only for the protection of patients but also to ensure that any students unknowingly carrying BBVs are detected, appropriately counselled and treated at the earliest opportunity.

EPPs can form an important part of medical training and, although not mandatory, many medical schools believe that students should not be denied the opportunity to undertake them, both in the UK and during periods of elective study

<sup>7</sup> *Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers.* Department of Health, March 2007

overseas. EPPs comprise part of the normal work of a significant number of clinicians and there is, therefore, a national requirement for a substantial proportion of the postgraduate medical workforce to be competent in EPPs.

It is expected that the majority of students will agree to undergo testing, as not only do they have a professional responsibility for the welfare of their patients but also because testing carries with it potential benefits for them. Knowledge by the Occupational Health Department of a student's BBV status will inform the medical school's duty of care to the student and will enable it to prevent exposure to circumstances where the student might be vulnerable and to ensure vaccinations which might be contra-indicated are not provided.

Students declining testing or found to be infected by a BBV will be allowed to continue on their medical course leading to full medical registration, provided that they formally accept the requirement they will not be allowed to perform EPPs or enter postgraduate clinical training in certain specialties until they have satisfied the requirements of the DH Health Clearance Guidance<sup>8,9,10,11</sup>.

The organisation and delivery of clinical training for BBV-positive students, and those declining testing, will need pro-active management with clear lines of responsibility to ensure that there is a robust system in place that provides optimal patient protection.

Some medical schools accept students into the middle of the course. These individuals, whether from the UK or overseas, will be subject to the same principles and testing

8 *Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers*. Department of Health, March 2007

9 *The Management of HIV infected Healthcare Workers who perform exposure prone procedures: updated guidance*. Public Health England, January 2014

10 *Health Service Circular HSC 2000/020: Hepatitis B infected health care workers*. UK Health Department, June 2000

11 *Hepatitis B infected health care workers and antiviral therapy*. UK Health Department, 2007

protocols as those who join at the beginning of the course.

Students returning from overseas elective period projects in areas where BBVs are common may require retesting through an Occupational Health Department if they may have been inadvertently exposed in a high risk setting.

Students who are successfully treated for BBV infection and, for HIV and HBV are appropriately monitored, will normally become eligible to perform EPPs.

Table 1 (overleaf) summarises the criteria to be met before they can undertake EPPs.

## Principles

The proposed protocol is governed by the following principles:

- 1 Admission to medical school is not conditional on the results of BBV testing.
- 2 Medical schools will ensure that their courses do not contain any EPP exposure until there has been time to complete screening across each new cohort.
- 3 It is expected that the majority of students will agree to be screened for hepatitis B, hepatitis C and HIV, offered as part of the standard BBV checks required for all new healthcare workers. In the event that a student chooses not to be tested, s/he cannot be cleared to undertake EPPs and this may have implications for other vaccinations (e.g. BCG) and therefore placements.
- 4 Testing will be managed by Occupational Health professionals who will supervise pre- and post-test discussions in the context of the individual's professional responsibilities, the performance of the tests and the recording of outcomes, as per the testing of other healthcare workers.

Table 1: BBV status and summary of criteria to be met for EPP clearance

Virus	Infective status
Hepatitis B	<p><i>HBsAg positive, HBeAg negative healthcare workers may perform EPPs if they:</i></p> <ul style="list-style-type: none"> <li>i. have a viral load &lt;200 IU/ml (either from natural suppression or 12 months after cessation of antiviral therapy), <b>and</b></li> <li>ii. be subject to annual plasma viral load monitoring, <b>and</b></li> <li>iii. be under joint supervision of a consultant occupational physician and their treating physician, <b>and</b></li> <li>iv. be registered with the UKAP Occupational Health Register (UKAP-OHR)</li> </ul> <p><i>HBsAg positive, HBeAg negative healthcare workers with a pre-treatment viral load of 200 IU/ml – 20,000 IU/ml may perform EPPs if they:</i></p> <ul style="list-style-type: none"> <li>i. have a viral load &lt;200 IU/ml whilst on continuous antiviral therapy, <b>and</b></li> <li>ii. be subject to plasma viral load monitoring every three months, <b>and</b></li> <li>iii. be under joint supervision of a consultant occupational physician and their treating physician, <b>and</b></li> <li>iv. be registered with the UKAP-OHR</li> </ul>
Hepatitis C	<p><i>Must be HCV RNA negative:</i></p> <ul style="list-style-type: none"> <li>i. as a consequence of natural clearance, <b>or</b></li> <li>ii. at 6 months after cessation of antiviral therapy</li> </ul>
HIV	<p><i>Must either:</i></p> <ul style="list-style-type: none"> <li>i. be on effective combination antiretroviral therapy (cART), <b>and</b></li> <li>ii. have a plasma viral load &lt;200 copies/ml, <b>or</b></li> <li>iii. be an elite controller **, <b>and</b></li> <li>iv. be subject to plasma viral load monitoring every three months, <b>and</b></li> <li>v. be under joint supervision of a consultant occupational physician and their treating physician, <b>and</b></li> <li>vi. be registered with the UKAP-OHR</li> </ul>

\*\* An elite controller is defined as a person living with HIV who is not receiving antiretroviral therapy and who has maintained their viral load below the limits of assay detection for at least 12 months, based on at least three separate viral load measurements.

- 5 Medical schools will make clear their requirements with respect to BBV screening on their websites, in their prospectuses and in information supplied to students and applicants. Whilst indicating that freedom from infection with BBVs is not an absolute requirement for those wishing to train as doctors, because of the many career paths available, it should also make clear that satisfying additional health clearance, which includes determining their BBV status, is obligatory for those who wish to train in specialties that involve EPPs.
- 6 Medical schools, in conjunction with their NHS partners, are responsible for arranging appropriate training for those ineligible to undertake EPPs.
- 7 All aspects of a student's medical record will be bound by the same duty of confidentiality as for any doctor-patient interaction and informed by the same ethical guidance. Students should be reassured that test results will not be disclosed<sup>12</sup>.
- 8 The testing protocol used by UK medical schools will conform to the standards set out by the Association of National Health Occupational Physicians (ANHOPS) and the Association of NHS Occupational Health Nurses (ANHONS) and endorsed by the DH<sup>12</sup>. Tests performed abroad must be repeated in the UK and only the UK result will be accepted.
  - ▶ Laboratory test results required for clearance to perform EPPs must be derived from an identified validated sample (IVS). Results that are not derived from an IVS should not be recorded in Occupational Health records. An IVS is defined according to the following criteria<sup>12</sup>:
    - ▷ The student must show photographic proof of identity when the sample is taken.

<sup>12</sup> *Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers.* Department of Health, March 2007

- ▷ The sample of blood must be taken in an appropriately authorised department – a student should not provide his/her own sample.
  - ▷ The blood sample must be delivered to the laboratory by conventional means – not transported by the student.
  - ▷ When results are received from the laboratory, checks must be made to ensure that the sample was sent by the department.
  - ▶ Test results will only be accepted from an accredited laboratory, holding full or provisional accreditation status issued by the CPA (Clinical Pathology Accreditation) UK Ltd, experienced in performing the necessary tests and which participates in appropriate external quality assurance schemes. HBV DNA test results must be reported in IU/ml.
  - ▶ Only information about whether or not the student is cleared to undertake EPPs will be freely available on health clearance certificates to staff in medical schools and provider health organisations where the student is training. No underlying clinical information will be disclosed without the consent of the student.
- 9 Routine re-screening of newly qualified doctors in the UK will not normally be required if they are new graduates of UK medical schools. Students will be bound by their professional obligations to inform Occupational Health if they may have been exposed to a risk of contracting a BBV and, based on an individual risk assessment, further testing may be required. This is in line with the rationale proposed by the DH for not repeating testing, that 'healthcare workers are under an ongoing obligation to seek professional advice about the need to be tested if they have been exposed to a serious communicable disease, obviating the need for repeat

testing<sup>13</sup>.

- 9 The cost of managing the BBV screening process should not be the responsibility of the student.
- 10 For those students who are BBV infected but satisfy the criteria to be permitted to undertake EPPs (Table 1, p10) providing that they submit to appropriate medical supervision and monitoring, the university medical school Dean or his/her named designate together with the relevant Occupational Health Department must ensure that the relevant support is provided to those requiring it.

## Responsibilities

### *Note on Confidentiality*

All professional groups and authorities identified in this section must understand that whilst discharging their respective responsibilities, healthcare workers, including students, have a right to expect that their confidentiality will be respected and protected. Any unauthorised disclosure about the BBV status of a student, employee or patient constitutes a breach of confidence and may lead to disciplinary action.

### *Occupational Health*

- ▶ To arrange and coordinate screening and provide ongoing monitoring where considered appropriate.
- ▶ To ensure the necessary confidential standards and procedures are in place including appropriate pre-test and post-test advice and discussions in the context of the individual's professional responsibilities

- To explain the definition of an EPP to students.
- To inform the medical school Dean or his/her named designate, as appropriate, whether an individual student is, or is not, eligible to undertake EPPs.
- To offer advice, guidance and support to students, including information on how to avoid the risk of BBV infection occupationally, during certain electives or lifestyle choices.
- To advise students with respect to appropriate treatment and, where appropriate, monitoring arrangements in full consultation with the student's General Practitioner (GP).
- Students who test positive for a BBV will be placed under the guidance of an Occupational Health physician who will facilitate referral to an appropriate specialist, in full consultation with the student's GP. This team will also provide the appropriate medical monitoring.
- To liaise with NHS occupational health services, where necessary, in the event of a sharps injury when the student is on a placement and ensure appropriate follow up testing of medical students, as per accepted protocols.

*University medical school Dean or his/her named designate*

- To take responsibility for the welfare of BBV positive students, with advice from Occupational Health who will ensure that adjustments can be made to their clinical training where necessary and that appropriate follow-up and monitoring arrangements are put in place.
- To take responsibility for ensuring that all appropriate arrangements are in place for managing EPP-ineligible students.

- ▶ To inform health provider organisations' CEOs or his/her named designate as appropriate about those students who are not cleared for EPPs and agree the appropriate adjustments to their clinical training programmes.
- ▶ To ensure that students understand what constitutes an EPP, and that they are aware of the guidance as detailed in *Medical Students: professional values and fitness to practise*<sup>14</sup>.
- ▶ To ensure that an EPP-ineligible student is aware that failure to comply with the restrictions placed on their practice might constitute a fitness to practise concern.
- ▶ To ensure that Postgraduate Deans are aware of students who are not cleared for EPPs.
- ▶ To draw up a formal contract for the EPP-ineligible student.

*Health provider organisation Chief Executive or his/her named designate*

- ▶ To take responsibility for the delivery of the adjusted clinical training programme for EPP-ineligible medical students.
- ▶ To take responsibility for designating a single clinical contact who will ensure that the appropriate communication pathways to relevant NHS professionals involved in training EPP-ineligible medical students are put in place.

*Students*

- ▶ To consult with Occupational Health or a suitably qualified clinician in the event of possible exposure

to a BBV infection and not to rely on their own assessment of risk, and to consult Occupational Health if advised to do so.

- To take responsibility for ensuring they do not undertake any EPPs prior to complying with appropriate testing and having been advised that they are clear.
- To take responsibility, subsequent to initial testing, for contacting Occupational Health or the local Accident & Emergency department (dependent on local protocols) promptly in the event that they may have been exposed to a BBV infection, as further testing would be required, and to refrain from EPPs until cleared by Occupational Health.
- To be aware of agreed procedures for reporting and follow-up in the event of a blood-exposure incident (e.g. sharps injury).
- To take responsibility for complying with the necessary regime of medical examination and viral load monitoring for those students who are BBV infected but permitted to undertake EPPs under the conditions laid out in the relevant guidance documents<sup>15,16,17</sup>.
- To be aware of the risks and implications of contracting a BBV infection and to take responsibility for their own health.

15 *Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers*. Department of Health, March 2007

16 *The Management of HIV infected Healthcare Workers who perform exposure prone procedures: updated guidance*. Public Health England, January 2014

17 *Hepatitis B infected health care workers and antiviral therapy*. Department of Health, March 2007

### *Students ineligible to undertake EPPs*

- ▶ To agree in a formal contract with the Dean, or his/her named designate, and to conform with the list of restrictions on their clinical training.
- ▶ To be responsible for ensuring that they and their patients are not put at risk.
- ▶ To be responsible for reporting promptly any accidental exposure of patients to risk during a condoned activity to Occupational Health or a suitably qualified clinician. Medical school Deans should also be informed in such cases.
- ▶ To agree to conform with all Occupational Health monitoring including regular retesting if requested.
- ▶ To be aware that failure to comply with the restrictions placed on them might constitute a fitness to practise concern<sup>18</sup>.

## DENTAL STUDENTS

The proposed protocol is informed by the overriding principle of the duty of care to patients and of dental schools to their students. The admission of students into dental school should be a transparent process comprising competitive selection that provides equality of opportunity to all applicants, and as indicated below the principles embodied in the earlier section for medical students also pertain to dental students.

**However, there is one fundamental difference, since many of the clinical procedures in which undergraduate dental students must gain competence<sup>19</sup> are EPPs and are a requirement for gaining GDC registration following graduation.**

As a result, the DH health clearance<sup>20</sup> guidance states that all potential undergraduate dental students must undergo additional health clearance before acceptance onto the course. This guidance also applies to those entering courses in dental hygiene and therapy. Additional health clearance stipulates that individuals must be **non-infectious for HIV** (antibody negative or on effective combination antiretroviral therapy [cART] and having a plasma viral load <200 copies/ml, or be an elite controller), **hepatitis B** (surface antigen negative or, if positive, e-antigen negative with a viral load of 200 IU/ml or less) and **hepatitis C** (antibody negative or, if positive, negative for hepatitis C RNA).

19 *Preparing for Practice. Dental Team Learning Outcomes for Registration.* General Dental Council, 2012.

20 *Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers.* Department of Health, March 2007

As students entering dental school are taking the first step on the path to becoming registered dental healthcare professionals, it is important to ensure that the protocols for the testing of dental students for BBVs are aligned with the DH guidance. International students transferring to the UK will need to conform to the same testing arrangements as new entrants to dental school, prior to undertaking EPPs.

**It should be noted that potential applicants who are found to be infectious carriers of hepatitis B, hepatitis C or HIV but who are successfully treated and appropriately monitored for their BBV infection as defined in DH guidance will then become eligible to perform EPPs and therefore to apply for admission to dental school.**

Table 1 (p10) provides a useful summary of the criteria to be met before undertaking EPPs.

## Principles

The proposed protocol is governed by the following principles:

- 1 In order to conform to DH guidance and to ensure patient safety, admission to dental school will be conditional on the results of BBV testing.
- 2 Dental students will be screened for hepatitis B, hepatitis C, and HIV prior to admission to dental school. Candidates offered provisional places will be required to undergo appropriate screening before the offer will be confirmed. Candidates offered a place will be advised by the dental school on how to access appropriate screening. Hepatitis B immunisation is required and it may be possible for students to commence hepatitis B immunisation prior to joining the course. In relation to their additional health clearance, pre- and post-test advice and discussions, the performance of the tests and the recording of outcomes will be available from

the university Occupational Health Service for students who have firmly accepted places, immediately prior to registration/matriculation for the first year of study.

- 3 Testing will be managed by Occupational Health professionals who will supervise pre- and post-test discussions in the context of the individual's professional responsibilities, the performance of the tests and the recording of outcomes, as per the testing of other healthcare workers.
- 4 Dental schools will make clear their expectations with respect to BBV screening on their websites, in their prospectuses and in information supplied to students and applicants. Ideally, this should be consistent across schools. The optimum expectation would be that all applicants should have undergone screening to exclude HBV, HCV and HIV infectivity. This includes any applicants who are receiving treatment and have well controlled infection. Where possible, applicants should have completed a course of hepatitis B immunisation before registration.
- 5 For students who are identified as HBV or HIV positive, but who achieve clearance for EPPs on the basis of viral suppression with anti-viral agents, the potential for viral breakthrough to occur, with the contingent threat on continued EPP clearance, should be explained very carefully to ensure they fully understand the possible long term career implications.
- 6 All aspects of a student's medical record will be bound by the same duty of confidentiality as for any doctor-patient interaction and informed by the same ethical guidance. Students should be reassured that test results will not be disclosed<sup>21</sup>.

<sup>21</sup> *Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers.* Department of Health, March 2007

- 7 The testing protocol used by UK dental schools will conform to the standards set out by the Association of National Health Occupational Physicians (ANHOPS) and the Association of NHS Occupational Health Nurses (ANHONS) and endorsed by the DH<sup>22</sup>. Tests performed abroad must be repeated in the UK and only the UK result will be accepted.
  - ▶ Laboratory test results required for clearance to perform EPPs must be derived from an identified validated sample (IVS). Results that are not derived from an IVS should not be recorded in Occupational Health records. An IVS is defined according to the following criteria<sup>22</sup>:
    - ▷ The student must show photographic proof of identity when the sample is taken.
    - ▷ The sample of blood must be taken in an appropriately authorised department – a student should not provide his/her own sample.
    - ▷ The blood sample must be delivered to the laboratory by conventional means – not transported by the student.
    - ▷ When results are received from the laboratory, checks must be made to ensure that the sample was sent by the department.
  - ▶ Test results will only be accepted from an accredited laboratory, holding full or provisional accreditation status issued by the CPA (Clinical Pathology Accreditation) UK Ltd, experienced in performing the necessary tests and which participates in appropriate external quality assurance schemes. HBV DNA test results must be reported in IU/ml.
  - ▶ Only information about whether or not the student is cleared to undertake EPPs will be made available

on health clearance certificates provided to staff in dental schools and provider health organisations where the student is training. No clinical information will be disclosed without the consent of the student.

- 8 Routine re-screening of newly qualified dentists in the UK will not normally be required if they are new graduates of UK dental schools. Students will be bound by their professional obligations, typically reinforced by university regulations, to consult a suitably qualified professional if they may have been exposed to a risk of contracting a BBV. An individual risk assessment will be necessary and this will inform the decision on need for further testing. Positive results, or advice to seek further expert opinion by a professional colleague, will require a consultation with an occupational health specialist. This is in line with the recommendations of the DH health screening guidance that *'healthcare workers are under an ongoing obligation to seek professional advice about the need to be tested if they have been exposed to a serious communicable disease, obviating the need for repeat testing'*<sup>23</sup>.
- 9 The cost of managing the BBV screening process should not be the responsibility of the applicant.
- 10 For those students who are BBV infected but satisfy the criteria to be permitted to undertake EPPs (Table 1, p10) providing that they submit to appropriate medical supervision and monitoring, the university dental school Dean or his/her named designate, together with the relevant Occupational Health Service, must ensure that the relevant support is provided to those requiring it.
- 11 Some dental schools accept students into the middle of the course. These individuals, whether from the UK or overseas, will be subject to the same principles and

<sup>23</sup> Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers. Department of Health, March 2007

testing protocols as those who join at the beginning of the course.

- 12 Students returning from overseas elective period projects in areas where BBVs are common may require retesting through an Occupational Health Department if they may have been inadvertently exposed in a high risk setting.
- 13 Students who are successfully treated for BBV infection and, for HIV and HBV are appropriately monitored, will normally become eligible to perform EPPs.

## Responsibilities

### *Note on Confidentiality*

All professional groups and authorities identified in this section must understand that whilst discharging their respective responsibilities, healthcare workers, including students, have a right to expect that their confidentiality will be respected and protected. Any unauthorised disclosure about the BBV status of a student, employee or patient constitutes a breach of confidence and may lead to disciplinary action.

### *Occupational Health*

- ▶ To arrange and coordinate screening and provide ongoing monitoring where considered appropriate.
- ▶ To ensure appropriate confidential standards and procedures are in place including appropriate pre-test and post-test advice and discussions in the context of the individual's professional responsibilities
- ▶ To explain the definition of an EPP to students.
- ▶ To confirm with the Dean of the dental school that new entrants to the course are eligible to undertake EPPs.

- ▶ To offer advice, guidance and support to students, including information on how to avoid the risk of BBV infection occupationally, during certain electives or lifestyle choices.
- ▶ To advise students with respect to appropriate treatment and, where appropriate, monitoring arrangements in full consultation with the student's GP.
- ▶ Students who test positive for a BBV will be placed under the guidance of an Occupational Health physician who will facilitate referral to an appropriate specialist, in full consultation with the student's GP. This team will also provide the appropriate medical monitoring.
- ▶ To liaise with NHS Occupational Health Departments, where necessary, in the event of a blood-exposure incident (e.g. sharps injury) when the student is providing clinical treatment and ensure appropriate follow up testing of dental students, as per accepted protocols.

*University Dental School Dean or his/her named designate*

- ▶ To take responsibility for ensuring that only students who have undergone appropriate testing and, where appropriate, are complying with ongoing monitoring to exclude infectious carriage of BBVs are accepted on the undergraduate dental course.
- ▶ To ensure that students understand what constitutes an EPP.
- ▶ To ensure that students are fully aware of the procedures to be followed in the event of a blood-exposure incident (e.g. sharps injury).
- ▶ To ensure that students are fully informed of their professional obligation to seek advice on the need to

be tested if they believe that they have been exposed to a serious communicable disease.

- ▶ To ensure that students recognise that failure to comply with the procedures for testing and monitoring of BBV infection might constitute a fitness to practise concern<sup>24</sup>.
- ▶ To liaise with health provider organisations including liaising with the NHS Occupational Health Departments with regard to transfer of information on graduation.

### *Health Provider Organisation Chief Executive or his/her named designate*

- ▶ To designate a single clinical contact who will liaise with the Dean of the dental school to ensure that only students who have undergone health screening according to the DH guidance and have been cleared to undertake EPPs are admitted to the undergraduate course and allowed to undertake clinical practice as part of their undergraduate training.
- ▶ To take responsibility for making the Occupational Health Service and the Dean of the dental school aware if an exposure event has arisen and the student may potentially be at risk.

### *Students*

- ▶ To be bound by their professional obligations, typically reinforced by university regulations, to consult a suitably qualified professional if they may have been exposed to risk of contracting a BBV. Based on an individual risk assessment further testing could be required and, if positive or so advised by that professional, they must consult occupational health.

- ▶ To comply with ongoing monitoring as necessary.
- ▶ To be aware of the risks and implications of contracting a BBV infection and to take responsibility for their own health.
- ▶ To be aware of and follow agreed procedures in the event of a blood-exposure incident (e.g. sharps injury).
- ▶ To agree to conform to all Occupational Health monitoring including regular retesting if required. For those students who are BBV infected but permitted to undertake EPPs under the conditions laid out in the relevant guidance documents<sup>25,26,27</sup>. This includes taking responsibility for complying with the necessary regime of medical examination and viral load monitoring
- ▶ To be aware that failure to comply with the above requirements could raise issues of fitness to practise<sup>28</sup>.

25 *Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers*. Department of Health, March 2007

26 *The Management of HIV infected Healthcare Workers who perform exposure prone procedures: updated guidance*. Public Health England, January 2014

27 *Hepatitis B infected health care workers and antiviral therapy*. Department of Health, March 2007

28 *Student Fitness to Practise*. General Dental Council, April 2010

## ANNEX

### *HEALTH CLEARANCE OF NEW HEALTHCARE WORKERS FOR TUBERCULOSIS (from Health Clearance for Tuberculosis, Hepatitis B, Hepatitis C and HIV: New Healthcare Workers. Department of Health, March 2007)*

#### TB

28. In accordance with guidelines from the National Institute for Health and Clinical Excellence (NICE)<sup>29</sup>, health checks should include the following:
- ▶ Employees new to the NHS who will be working with patients or clinical specimens should not start work until they have completed a TB screen or health check, or until documentary evidence is provided of such screening having taken place within the preceding 12 months.
  - ▶ Employees new to the NHS who will not have contact with patients or clinical specimens should not start work if they have signs or symptoms of TB.
  - ▶ Health checks for employees new to the NHS who will have contact with patients or clinical materials should include:
    - ▷ assessment of personal or family history of TB;
    - ▷ symptom and signs enquiry, possibly by questionnaire;
    - ▷ documentary evidence of tuberculin skin testing (or interferon-gamma testing) and/or BCG scar check by an occupational health professional, **not relying on the applicant's personal assessment**;
    - ▷ tuberculin skin test (or interferon-gamma test) result within the last five years, if available.

- If an employee new to the NHS has no (or inconclusive) evidence of prior BCG vaccination, a Mantoux tuberculin skin test (or interferon-gamma test) should be performed.
- Employees who will be working with patients or clinical specimens and who are Mantoux tuberculin skin test (or interferon-gamma test) negative should have an individual risk assessment for HIV infection before BCG vaccination is given.
- Employees new to the NHS should be offered BCG vaccination, whatever their age, if they will have contact with patients and/or clinical specimens, are Mantoux tuberculin skin test (or interferon-gamma test) negative and have not been previously vaccinated.
- All new entrants to the UK from countries of high TB incidence are recommended by NICE to have a chest X-ray provided that they have not had one recently, are not younger than 11 years and are not possibly pregnant. Employees of any age who are new to the NHS and are from countries of high TB incidence, or who have had contact with patients in settings with a high TB prevalence, should have a Mantoux tuberculin skin test (or interferon-gamma test). If negative, recommendations in the two preceding bullet points should be followed. If positive, they should be referred to a TB clinic for assessment and consideration of treatment for disease or latent infection.
- If a new employee from the UK or other low-incidence setting, without prior BCG vaccination, has a positive Mantoux tuberculin skin test (or interferon-gamma test), they should have a medical assessment and a chest X-ray. They should be referred to a TB clinic for consideration of TB treatment if the chest

X-ray is abnormal, or for consideration of treatment of latent TB infection if the chest X-ray is normal.

- ▶ If a prospective or current healthcare worker who is Mantoux tuberculin skin test (or interferon-gamma test) negative, declines BCG vaccination, the risks should be explained and the oral explanation supplemented by written advice. He or she should usually not work where there is a risk of exposure to TB. The employer will need to consider each case individually, taking account of employment and health and safety obligations.
- ▶ Clinical students, agency and locum staff and contract ancillary workers who have contact with patients or clinical materials should be screened for TB to the same standard as new employees in healthcare environments, according to the recommendations set out above. Documentary evidence of screening to this standard should be sought from locum agencies and contractors who carry out their own screening.
- ▶ NHS organisations arranging care for NHS patients in non-NHS settings should ensure that healthcare workers who have contact with patients or clinical materials in these settings have been screened for TB to the same standard as new employees in healthcare environments.

### *Preventing infection in healthcare settings: occupational health*

29. These recommendations set the standard for NHS organisations and therefore should apply in any setting in England and Wales where NHS patients are treated.
  - ▶ Reminders of the symptoms of TB, and the need for prompt reporting of such symptoms, should be included with annual reminders about occupational health for staff who:

- ▷ are in regular contact with TB patients or clinical materials;
- ▷ have worked in a high-risk clinical setting for four weeks or longer.
- ▶ One-off reminders should be given after a TB incident on a ward.
- ▶ There is a duty on staff to report symptoms as part of their responsibility to protect patients<sup>30</sup>.
- ▶ If no documentary evidence of prior screening is available, staff in contact with patients or clinical material who are transferring jobs within the NHS should be screened as for new employees.
- ▶ The risk of TB for a new healthcare worker who knows he or she is HIV positive at the time of recruitment should be assessed as part of the occupational health checks.
- ▶ The employer, through the Occupational Health Department, should be aware of the settings with increased risk of exposure to TB, and that these pose increased risks to HIV-positive healthcare workers.
- ▶ Healthcare workers who are found to be HIV positive during employment should have medical and occupational assessments of TB risk, and may need to modify their work to reduce exposure.

<sup>30</sup> See *Serious communicable diseases*. General Medical Council, 1997, and *The NMC code of professional conduct: standards for conduct, performance and ethics*. Nursing and Midwifery Council, 2004.

## Acknowledgements

In *Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers*, the Department of Health (2007) called upon the Medical Schools Council, Dental Schools Council, the Association of UK University Hospitals (AUKUH) and the Higher Education Occupational Practitioners (HEOPs) to develop further guidance on health clearance and management of infected medical and dental student students.

Following the revised HPA guidance in 2014, *The Management of HIV infected Healthcare Workers who perform exposure prone procedures*, the Dental Schools Council, Public Health England and Health Protection Scotland worked closely to ensure that this guidance for medical and dental students remained fully aligned.

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